

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/31/03.

I. DISPUTE

- Whether there should be additional reimbursement for the treatment/services rendered on dates of service (DOS) 3/11/02, 3/12/02, and 3/13/02. The CPT codes for these DOS are 99213 (office visit), 97250 (myofascial release) and 97110 x 3-4 units (therapeutic \exercises). The requestors statement of position indicates they did not receive any explanation of benefits (EOB's) for the disputed DOS.
- The respondent failed to provide the missing EOB per Rule 133.304. The respondents 'Table of Disputed Services' beside the DOS in dispute noted, 'Not Received.'

II. RATIONALE

- There was a compensability issue until 4/17/03. An agreement was signed by all parties (Claimant, Insurance Carrier and TWCC official) on 4/17/03 stating "The parties agree that the Claimant had disability from January 26, 2002 to April 20, 2002."
- The respondent stated, "There is a TWCC-24 agreement (Benefit Dispute Agreement)...As a result, the carrier has paid most, if not all, of the charges in dispute according to the applicable fee guidelines."
- The requested DOS were not mentioned on the first set of EOB's, but the HCFA's were in the group submitted to MDR and would have been received by the respondent with the dispute.
- Therefore, MDR will review these DOS per the 1996 Medical Fee Guideline.
- See chart below for breakdown of disputed DOS:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/11/02	99213 x 3 97250 x 3 (97110)	\$48.00 \$43.00	\$0.00	No EOB's	\$48.00 \$43.00 (\$35.00 ea. unit)	MFG EM-GR (I)(B)(VI)(B)	Relevant information / SOAP notes supported delivery of services for office visit (99213) and myofascial release (97250). Therefore, reimbursement recommended in the amount of \$273.00 (\$48.00 x 3 days = \$144.00 \$43.00 x 3 days = \$129.00) *(For 97110, see below table)
3/12/02	99213 97250 (97110)	\$48.00 \$43.00	\$0.00	No EOB's	\$48.00 \$43.00 (\$35.00 ea. unit)	MFG-MGR (I)(A)(10) 413.016	
3/13/02	99213 97250 (97110)	\$48.00 \$43.00	\$0.00	No EOB's	\$48.00 \$43.00 (\$35.00 ea. unit)		
TOTAL		\$623.00					The requestor is entitled to reimbursement of \$273.00.

***Rationale 97110** (DOS 3/11/02 – 3/13/02)

MFG MGR (I)(A)(9,b -10), CPT descriptor

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution (MRD) section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not indicate that the injury was severe enough to warrant exclusive one-to-one therapy.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code(s) 99213 and 97250. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$273.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4th day of March 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl